



**The California Managed Risk Medical Insurance Board**  
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## **Managed Risk Medical Insurance Board HFP Advisory Panel Meeting Summary November 21, 2013 Sacramento, California**

- Members:** Jack Campana; David Rivera; Karen Lauterbach; Jan Schumann; Alice Mayall, Ph.D.; Liliya Walsh; Jared Fine, D.D.S, M.P.H.; Barbara Orozco-Valdivia; and Ellen Beck, M.D.
- MRMIB Staff:** Ernesto A. Sanchez, Deputy Director, Eligibility, Enrollment and Marketing Division; Ellen Badley, Deputy Director, Benefits and Quality Monitoring Division; Valerie York; and Maryjane Moua.
- Department of Health Care Services Staff:** Anastasia Dodson, Associate Director for Policy; René Mollow, Deputy Director, Health Care Benefits and Eligibility; Jane Ogle, Deputy Director, Health Care Delivery Systems; Margaret Tatar, Assistant Deputy Director, Health Care Delivery Systems; Clarissa Poole-Sims, Medi-Cal Eligibility Division; Jon Chin; Alice Tryillo; Linh Le; Erika Cristo; Nik Ratliff; Deepikh Raj; and Danielle Stumpf.
- Other Attendees:** Lishaun Francis, California Medical Association (CMA); Kristine Marck, CMA; and Kelly Hardy, Children Now.

### **Introductions**

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting. Mr. Campana introduced himself and asked the Panel Members, the Managed Risk Medical Insurance Board (MRMIB) staff, the Department of Health Care Services (DHCS) staff, and the audience to introduce themselves.

### **New Panel Members Oath of Office**

Ernesto A. Sanchez, Deputy Director at MRMIB, administered the oath of office to Jared Fine, DDS, MPH, County Public Health Provider.

### **Review and Approval of August 29, 2013, HFP Advisory Panel Meeting Summary**

The HFP Advisory Panel reviewed the August 29, 2013, meeting summary. No edits were made and the summary was approved.

## **2014 Meeting Calendar**

Mr. Campana noted that the Panel and MRMIB had worked together during the beginning of the HFP to create the best possible program with an easy application and enrollment process and surveys to work on continuous program improvement. He stated that the Panel expects the transition will be the same in the need for more frequent meetings to advise DHCS on the larger Medi-Cal population than the HFP children. He also noted that the Panel and DHCS need to work on the logistics of planning these meetings, not just in the frequency of the meetings, but also who at DHCS will be responsible for coordinating the meetings, who would handle the logistics of the travel and meeting arrangements, and who would be taking notes. Mr. Campana stated that he hopes the decisions can be made together during December 2013.

Mr. Campana introduced the schedule of meetings for the 2014 year and asked the Panel Members if they would be able to participate in a monthly meeting schedule. René Mollow, Deputy Director, DHCS, stated that while the monthly schedule has been proposed based on the recommendation letter from the Advisory Panel to DHCS, the schedule may have to change as DHCS looks at other stakeholder meetings that may be in conflict. DHCS may only need to change the date and time, or may need to change from a monthly schedule to an every other month schedule. Ms. Mollow also stated that DHCS recognizes that the Panel may not be aware of all of the work that is performed by DHCS, and therefore the first few meetings during 2014 may include orientation information.

Mr. Campana noted that the first few meetings will help in determining how the Panel and DHCS work together and teach the Panel about the work DHCS does. He reiterated that the Panel agreed at the previous meeting and in the small work groups that for at least the first year monthly meetings would be needed in order to develop the working relationship. He compared the current transition, expansion and the implementation of the Affordable Care Act of 2010 (ACA) to the beginning of the HFP, in that the Panel and DHCS can ask what these changes mean, and what are the natural glitches, roadblocks and challenges that face DHCS, and that the Panel can provide solutions and advice. In order to do this, the Panel needs to be able to meet on a more frequent basis, but only if the members are willing and able to do so.

Dr. Fine asked if the recommendation of monthly meetings had been accepted by DHCS as final, or if it was still in the recommendation phase. Ms. Mollow replied that DHCS was using the Panel's recommendation as a starting point with the understanding that there could be changes in the future. Those changes would depend on what works best for both the Panel and DHCS. She stated that there have been many internal discussions about all of the stakeholder groups that DHCS works with currently. She noted that DHCS recognizes the importance of the Panel in particular but also needs to look at the rest of the groups and determine how to leverage Panel members' participation in those groups as well as their individual ability to attend the Panel meetings on a more frequent basis.

Mr. Campana stated that the value of the Panel can change depending upon the frequency of the meetings. At the beginning of the HFP, the Panel met every other month, but also moved around the state. The meetings would be attended by up to fifty (50) members of the public, including parents of subscribers, providers, and representatives from community based organizations (CBOs). Since the initial processes for HFP were not smooth, the Panel meetings were a forum for the community at large to present issues they faced as well as solutions for the future. As the issues were resolved and became fewer and the HFP was faced with budget shortfalls, the meetings moved to a quarterly schedule and only occurred in Sacramento. Now, when a Panel member misses a meeting, they are gone for six months. Mr. Campana stated that in his experience, members miss more meetings with the quarterly schedule than with more frequent meetings.

Anastasia Dodson, Associate Director for Policy at DHCS, stated DHCS will be reviewing existing groups and programs for their key functions, activities, and contributions. She noted that DHCS recognizes common themes such as improving the quality of the stakeholders' interaction with other workgroups, making the Panel transparent, providing the public with updates, and including consumers and subscribers in the Panel. Ms. Dodson said DHCS will consider these suggestions. Mr. Campana noted the Panel is statutorily established in state law and that there is an alliance between state government and the Legislature. Ellen Beck, MD, Family Practice Physician, stated that at the last meeting, the Panel wanted to know the existing groups in Medi-Cal. The Panel wants to understand the groups and their processes in order to provide subscribers with the best quality care. Ms. Dodson stated DHCS believes change should not happen immediately. DHCS needs to review the proposed ideas and options. She suggested the Panel meets monthly for six (6) months. DHCS wants ongoing dialogues and updates from the Panel. Mr. Campana stated he wants to ensure the panelists are given a chance to make suggestions. He also stated that DHCS should provide a single point of contact and support to coordinate the meetings. Alice Mayall, PhD, Parent of a Subscriber with Special Needs, stated next year's monthly meeting dates are both intimidating and exciting. However, she hopes DHCS appoints a coordinator to support the Panel. Mr. Campana asked who will be DHCS' main contact person that can make decisions. Ms. Dodson confirmed Ms. Mollow, Jane Ogle, Deputy Director at DHCS, Clarissa Poole-Sims, Chief, Medi-Cal Eligibility Division at DHCS, and she can make decisions. Jan Schumann, Parent of a Subscriber, stated he approves of the monthly meeting schedule and also added the suggestion to make it a teleconference so that there could be statewide involvement.

Dr. Beck asked if there are two different sub-groups providing feedback to DHCS. Mr. Sanchez confirmed there are two groups; one group drafted the letter to Toby Douglas, Executive Director at DHCS, and the second group will be working on subscriber letters to Mr. Douglas. MRMIB staff is currently working on a preliminary draft using the subscriber experiences already received.

Mr. Campana stated that DHCS should appoint a coordinator to support the Panel. Ms. Mollow said DHCS is considering a MRMIB staff member who already transitioned to

coordinate the meetings. Ms. Dodson stated DHCS will standardize the Panel after it has transitioned. DHCS will compile a list of stakeholders' ideas, interests, and contributions before making a final decision. Mr. Campana reminded her that the Panel is the only group created through state statute. Ms. Dodson suggested making different lists to show which groups are required by statute. Dr. Mayall asked who coordinates DHCS' stakeholders meetings. Ms. Dodson responded that the stakeholders coordinate the meetings.

Mr. Campana noted the Panel provided a copy of the recommendation letter to the MRMIB Board. Ms. Mollow stated DHCS wants to expand the Panel by recruiting a beneficiary family from the Medi-Cal program. Mr. Campana stated the Panel also previously asked for a beneficiary family panelist. Dr. Mayall stated she agrees with the suggestion.

### **Transition of the HFP Advisory Panel to the Department of Health Care Services (DHCS)**

#### ***Recommendation Letter to the DHCS Executive Director on the Role of the HFP Advisory Panel Under DHCS***

Mr. Sanchez asked DHCS to highlight the recommendations from the Panel that they intend on pursuing. Ms. Dodson apologized for not having a list but stated DHCS wants to review the recommendations holistically. Mr. Campana stated he is the direct contact to receive information from DHCS and will communicate the information to the MRMIB staff. Ms. Mollow said DHCS is in the process of developing a formal response and said that the structure and scope are agreeable. She stated that Mr. Douglas will not attend every meeting. However, Ms. Dodson, Ms. Ogle, and she report directly to Mr. Douglas. They confirmed Mr. Douglas will commit to their decisions.

Karen Lauterbach asked DHCS to confirm the meetings will proceed in January of 2014. Ms. Mollow said DHCS will provide the Panel an orientation in January of 2014.

Barbara Orozco-Valdivia stated the Panel sent DHCS the recommendation letter in September of 2013. She stated DHCS had two months to reply. She requested DHCS provide an estimated time of arrival for the response. Ms. Dodson stated DHCS wants to start a dialogue with the Panel before responding to the letter. Ms. Orozco-Valdivia stated families are facing issues now. Mr. Campana stated he understands the frustration and asked the Panel to be patient. Mr. Campana suggested the Panel and DHCS to continue having dialogues. Ms. Orozco-Valdivia stated the Panel and DHCS are working backward considering the children already started transitioning to Medi-Cal at the beginning of this year. Mr. Sanchez said DHCS has been with the Panel since the beginning of the year. The Panel worked hard to complete and provide DHCS the letter by September 27, 2013. He said the Panel was expecting a response today. Dr. Beck stated the Panel's responsibility is to ensure the children and families receive the best services. She hopes DHCS preserves the identity. Dr. Beck suggested DHCS provide the Panel with reading materials and information prior to the orientation in January 2014. This will give the Panel and DHCS more time to discuss at the orientation. Liliya

Walsh, Parent of a Subscriber with Special Needs, suggested the Panel and DHCS continue discussing the recommendations. Dr. Fine stated he is excited for the monthly meetings because he wants to be more involved. Ms. Dodson stated DHCS cannot and should not administer the Medi-Cal program without stakeholder engagement because the program belongs to everyone. Ms. Orozco-Valdivia said she is glad to hear DHCS feels that way. Mr. Schumann stated the Medi-Cal program provides services to a lot of children and families and meeting less than monthly is inefficient.

### **Transition of HFP Subscribers to the Medi-Cal Program**

#### ***Update on Transitioned Children to the Medi-Cal Program***

Mr. Sanchez presented the Update on Transitioned Children to the Medi-Cal Program. This document is a copy of the approval letter to DHCS for the final transition group, Phase 4b. Phase 4b was transitioned on November 1, 2013.

#### ***Call Center Report***

Mr. Sanchez presented the Call Center Report. He noted that the falling number of calls is related to the falling enrollment numbers.

#### ***Transition versus Disenrollment Statistics***

Mr. Sanchez presented the Transition versus Disenrollment Statistics. This document shows how total enrollment has fallen due to both the transition and normal disenrollment reasons. It also shows that as of November 1, 2013, the HFP still has 543 enrollees which are a mixture of Access for Infants and Mothers (AIM) Linked Infants that have not yet received required notification and children for whom the transition transactions has some type of error. Current enrollment has increased to over 700 due to additional AIM Linked Infants that have been registered.

#### ***Updated Schedule of Subscriber Notices***

Mr. Sanchez stated that the Schedule shows when notices went out to families. This is the final presentation of this document.

Mr. Campana asked about the future of MRMIB. Mr. Sanchez stated that the MRMIB will continue to operate AIM, the Major Risk Medical Insurance Program (MRMIP) and the County Children's Health Insurance Program (C-CHIP) unless state law changes. In addition, MRMIB still has close-out work to be done for both the HFP and the federally-funded Pre-existing Condition Insurance Plan (PCIP).

#### ***DHCS Monitoring Reports and Summaries***

Mr. Sanchez stated that this document provides a list of reports posted since the previous Panel meeting with a link to the full reports now available on the DHCS website.

#### ***DHCS Beneficiary Surveys***

Mr. Sanchez stated that this document provides a list of surveys posted since the previous Panel meeting with a link to the full reports now available on the DHCS

website. He also noted that in previous meetings, these surveys were of concern to the Panel due to the small sample size not being statistically valid to represent the entire population.

Dr. Beck asked if any of the actions suggested by the Panel at the August 2013 meeting were taken by DHCS. Those actions included removing the surveys from the website altogether or adding a disclaimer to each chart that the charts only represent the sample that responded to the question, not the entire population of the Phase being sampled. Mr. Campana noted that the surveys are a requirement of the Centers for Medicare and Medicaid Services (CMS) and could not be removed from the website. Dr. Mayall stated that the website has not been changed and no notification has been added regarding the small sample size.

Dr. Beck stated she hopes DHCS considers the Panel's suggestions made at the last meeting. Ms. Mollow noted the data represents only the families who responded. Dr. Beck stated the Panel understands the surveys represent only those who responded. However, DHCS should include a disclaimer that the data does not represent the population of children transitioned. Dr. Mayall noted MRMIB included a disclaimer in the HFP 2013 Teen Health Care Experience Survey. Mr. Campana added that MRMIB had a thirty-five (35) to thirty-six (36) percent response rate and included a disclaimer in the surveys. Ms. Mollow stated she is not familiar with the teen survey. However, the beneficiary surveys are a requirement of CMS. She noted Maximus conducted the surveys through randomized calls. Ms. Mollow stated DHCS recognizes the inaccuracies and appreciates the feedback.

### ***Medi-Cal Eligibility Division and County Collaboration***

Ms. Poole-Sims stated that DHCS is working with the counties and consolidated the two calls into one weekly call. Previously, one call was with the counties in Phases 1 and 2, and the second was with counties in Phases 3 and 4. DHCS wants to ensure the program is administered effectively through collaborative work with the counties. Ms. Orozco-Valdivia asked if the calls assisted the counties with the Medi-Cal program application process. Ms. Poole-Sims responded the calls assist the counties with issues they encountered during the transition phases. The calls also help the counties with the application process and policy issues. Ms. Orozco-Valdivia asked if Medi-Cal will continue accepting the joint application. Ms. Mollow stated effective October 1, 2013, the single streamline application replaces all the paper applications that have previously existed. If an old application is received, the information will be uploaded on the single streamline application. The applicant will not be asked to resubmit a new application. Ms. Orozco-Valdivia asked where the paper application can be found. Ms. Mollow replied the streamline application is available on paper through the Covered CA and DHCS websites. The online application is available through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS). Ms. Mollow stated the application is thirty-two (32) pages, including the additional pages for each family member, as well as attachments. Ms. Orozco-Valdivia stated she was informed by her partners that families are still submitting the joint application; however, their applications are not being processed. She received an email regarding a family who submitted an

application in July 2013. The family called the administrative vendor a month later for the application status and was told their application was not on file. The family reapplied in August 2013 and called again for a status update. The administrative vendor told the family their application was still not on file. The family contacted its local welfare department and was told that they also do not have the application. The family still does not have coverage. Ms. Mollow asked that these applicants be forwarded to Ms. Poole-Sims. David Rivera, Parent of a Subscriber, stated his Certified Application Assistant (CAA) friends are also experiencing difficulties with the application process. Ms. Mollow stated that she heard similar experiences from other CAAs at another meeting. She noted DHCS recognizes the challenge and needs to provide more training for the CAA community.

### ***Cost-Sharing Exception Process for American Indian and Alaskan Native children***

Ms. Poole-Sims stated that the Medi-Cal program is currently using a self-attestation process. DHCS is working with stakeholders to develop a formal process. Starting January 1, 2014, Alaskan Native and American Indians subscribers can provide attestation to services they are eligible to use. Ms. Orozco-Valdivia asked if subscribers in the Targeted Low-Income Program (TLIP) are exempt from premiums. Ms. Poole-Sims stated they must provide proof to be exempted from premiums. She also referred the panel members to DHCS monitoring reports for the statistics.

### ***Other HFP Transition Updates***

Dr. Fine asked about CMS' approval letter of Phase 4b. The letter addressed concerns regarding the utilization of pediatric dental services in California and recommended DHCS include specific performance measures in its dental procurement process. Dr. Fine asked if the Panel can contribute ideas and recommendations in response to CMS's request. Ms. Mollow said DHCS already provided CMS a dental action plan. DHCS will share the proposed ideas with the Panel. She stated DHCS is in an active procurement and must adhere to procedures regarding who can participate. However, DHCS updates providers through their procurement website. The providers can enroll to get information. Ms. Mollow said DHCS will provide the website link.

Mr. Campana asked when MRMIB's dental report will be available. Ellen Badley, Deputy Director at MRMIB, responded the report will be available in December of 2013.

## **HFP Reports**

### ***Health-E-App Public Access: A New Online Path to Children's Health Care Coverage in California, Research Brief 5, October 2013***

Mr. Sanchez stated that in 2010, the online application, Health-e-App, was available only to the counties and CAAs. However, once it was made available to the public, many consumers used the Health-e-App successfully without assistance from a CAA. This report shows that most of them used their own computer and had access to a high speed internet connection. The report also indicated that the consumers thought the application was easy to understand and more consumers used the application than the toll free line. Mr. Sanchez noted the applicant must insert the requested information

before proceeding to the next question. This sped up the application process by avoiding possible missing information. However, the single streamline application available through CalHEERS will replace the Health-e-App by January 1, 2014. Ms. Dodson agreed that the single streamline application still needs improvement. Although the new eligibility rules will launch on January 1, 2014, the online application process will continue to be improved throughout next year. Ms. Orozco-Valdivia asked if CalHEERS is compatible with the county application systems, such as California Work Opportunity and Responsibility to Kids Information Network (CalWIN). Ms. Mollow stated the systems are not currently compatible with each other. DHCS' goal is to have the systems work compatibly on January 1, 2014. She noted DHCS will accept the application through all portals. However, the application is available in English only and DHCS is currently translating the application in twelve (12) other languages. Ms. Dodson asked the Panel to identify other issues they are hearing from the public. Mr. Rivera stated that he has been frustrated with the transition. His daughter transitioned to the Medi-Cal program and had to switch health plans. The doctor and dentist she was seeing do not accept Medi-Cal. Mr. Rivera noted that parents he knows are also experiencing the same issues. Ms. Dodson asked the Panel to identify issues they are hearing within the last two months. Mr. Rivera stated that individuals, who are applying for coverage through Kaiser, including those that are at their annual renewal, must provide Kaiser with a denial letter from Medi-Cal. This is affecting undocumented families because they are afraid of losing their coverage. Mr. Sanchez noted that due to the availability of Covered CA, smaller programs will want to make sure that the children going to them are only if they are unable to receive coverage through the publicly funded programs. Ms. Mollow noted that the Medi-Cal program will not deny anyone for immigration status; instead the services available will be limited. Dr. Mayall stated she is concerned and suggested DHCS provide resources for these families. Ms. Lauterbach stated that Los Angeles County has been experiencing fewer issues with the transition. The families she works with are excited that there will be coverage available to parents next year.

### ***2013 Consumer Assessment of Healthcare Providers & Systems (CAHPS)***

Ms. Badley stated the 2013 HFP Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey provides a comprehensive tool for assessing HFP families' experiences with their health plans. The 66 question survey measured member experience in areas such as getting care quickly, how well doctors communicate and provides global ratings of health care. MRMIB modified the standard CAHPS survey to add questions regarding subscribers' experience with accessing translation services. Attempts were made to survey 37,400 HFP families, using a standardized survey procedure and questionnaire regarding their experience with HFP plans and providers in 2012.

The survey includes four global ratings and five composite measures. Ms. Badley referred the panel members to page five in the packet for a description of ratings and measures. She noted the results of the nine CAHPS surveys conducted from 2000 to 2013 are presented in Charts 1 and 2 on page two of the report. Chart 1 shows parent opinions about the *Overall Health Plan Rating* and *Overall Health Care Rating* have

fluctuated over the last 14 years, but the rates for 2013 show a slight increase from the rates in 2000. The *Overall Doctor Rating* increased by seven percent from 77.7 percent in 2000 to 85.5 percent in 2013. Chart 2 shows the Composite Measure *Getting Care Quickly* continues to significantly improve, with an 8 percent increase from 70.1 percent in 2000 to 78.8 percent in 2013. Although *Customer Service* has fluctuated over the years, this year shows a 6 percent increase from 75.7 percent in 2000 to 82.1 percent in 2013. However, the *Getting Needed Care* continues to show a significantly negative rating of 15 percent in the last three years compared to earlier years.

Ms. Badley reported the key findings from the survey. She noted the seven questions had statistically significant higher scores in 2013 as compared to 2012. Only one question had a statistically significant lower score in 2013 as compared to 2012. Ms. Badley also noted a total of 93 percent of subscribers indicated their doctor usually or always listened carefully to what they had to say and 94 percent of subscribers indicated their doctor usually or always showed respect for what they had to say. She concluded by stating that Kaiser Permanente and Ventura County Health Plan both scored significantly higher than the HFP average on all four ratings measures, and Kaiser Permanente scored significantly higher on all five composite measures.

Ms. Badley stated that MRMIB added a question this year to determine if the subscribers had already been transitioned to the Medi-Cal program. According to the subscriber response, 81.6 percent had already transitioned to the Medi-Cal program when they completed the survey. This year the survey response rate was 35 percent compared to 46 percent last year, which may be attributable to the significant percentage of respondents who had already transitioned to Medi-Cal.

She noted that this will be the last CAHPS report MRMIB will publish. MRMIB strongly believes in the value of measurement of subscriber satisfaction and public reporting of plan performance. Ms. Badley concluded MRMIB recommends that other public programs measure the satisfaction of their members and provide such information publicly to assist the members in their choice of health plans. She added that satisfaction surveys should be provided in multiple languages and that demographic analysis be conducted on the results.

### ***2013 Teen Health Care Experience Survey***

Ms. Badley stated that this report presents results of a survey of teen subscribers aged 14-18 who had been continuously enrolled in the Healthy Families Program for at least six months as of December 31, 2012. Last year, MRMIB staff developed our own survey tool that placed greater focus on the experiences of teens accessing the health care system. The survey consists of 30 questions grouped into the following four categories:

- access to health care,
- privacy,
- experience with health care, and
- the health, safety and wellness of teens.

Teens were given the option to choose more than one response for some of the questions; therefore some responses may exceed 100 percent. Complete surveys were obtained from 6,268 members and the overall HFP response rate was 36 percent, a slight decrease from last year when the response rate was 40 percent.

Ms. Badley referred the panel members to page six in the packet. The pie charts show the demographic profile of teens who responded to the survey by age, gender and ethnicity. On page seven, the charts illustrated information on the last time the responding teen went to their doctor or health care provider for a regular or routine visit. Charts 7 through 9 shows that the majority of teens indicated they went to a doctor's office for health care services and less than a quarter indicated they went to a community clinic or hospital emergency room for health care services. Ms. Badley noted that while Asian language speakers are often grouped together, there are significant differences in health care experience among the Chinese, Korean, and Vietnamese speaking teens. Korean and Chinese speaking teens indicated they went to hospital emergency rooms for health care services at a far higher rate than Vietnamese speaking teens.

Ms. Badley noted this survey shows HFP parents are actively involved in helping their teens access care and that the majority of teens get care from a doctor's office. The survey was provided in English, Spanish, Chinese, Korean and Vietnamese based on the language preference of the subscriber family. She concluded that this will be the final report MRMIB conducts.

Dr. Fine stated he is impressed by the data and asked if this information is shared with providers. Mr. Campana agreed and stated that he had made a similar recommendation at the MRMIB Board Meeting the previous day. Ms. Badley stated the surveys were sent to HFP subscribers and MRMIB cannot survey children in Medi-Cal. Dr. Beck noted that children are transitioning to Medi-Cal and asked if DHCS will continue the survey. Margaret Tatar, Assistant Deputy Director at DHCS, stated the Medi-Cal Managed Care Group System can answer the panel members' questions at the next meeting. DHCS will provide the panel members with surveys and metrics used for the Medi-Cal program.

Ms. Tatar stated DHCS will also provide the Panel with a list of existing groups at the January 2014 orientation meeting. She noted DHCS has an advisory group under the Medi-Cal Managed Care Division that meets quarterly. Ms. Mollow stated DHCS can add the panel members to the next meeting. Ms. Walsh suggested the Panel choose a representative to attend the Medi-Cal advisory group meeting. Ms. Mollow stated she agrees. She noted that DHCS will provide information on quality care and management at the orientation.

Dr. Mayall asked for an explanation of the teen survey response rate. Ms. Badley noted that all respondents who returned a questionnaire by mail or completed the survey online received a thank-you letter and a five dollar Target gift card. Dr. Mayall stated

she wants DHCS to consider the methodology MRMIB used in the teen report. The methodology seems to be working effectively. Dr. Beck suggested there be a meeting about what processes have worked well for MRMIB.

Dr. Fine reiterated that the teen report should be made available to providers. The providers are serving more than their subscribers and should receive feedback about their services. He noted this may help improve the results in the next report.

### **Outreach Update**

#### ***EE/CAA Program Update***

Ms. Poole-Sims stated DHCS recognizes there is a need for additional engagement of CAAs and Enrollment Entities (EE). DHCS administered a survey and 500 out of the 800 respondents are still interested in their role. However, the CAAs and EEs must enroll through the Covered CA Certified Enrollment Counselor program. DHCS received feedback from children advocates to provide more information about the Medi-Cal program. The advocates asked DHCS to maintain a presence with CAAs and EEs in creating a supplementary training module. In addition, DHCS will forward Covered CA the CAA/EE and children advocates' feedbacks.

#### ***Certified Application Assistant (CAA) Training***

Ms. Poole-Sims stated this information is the same as above.

#### ***Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach Grantee Update***

Ms. Poole-Sims stated she does not have an update. However, DHCS awarded nine grantees.

Ms. Mollow shared that DHCS is required to assist the grantees with data collecting and ensure confidentiality of data sharing. Ms. Mollow also shared that DHCS will be submitting a request for the Children's Health Insurance Program Act (CHIPRA) wellness bonus payment. DHCS has never met the enrollment threshold until this year and will be submitting the request to CMS today.

#### ***School-Based Outreach***

Ms. Poole-Sims asked to defer this until the January 2014 meeting for the most accurate information. Mr. Campana asked for an update of the California School Association and California Endowment. Ms. Mollow stated that through the budget, the California Endowment made available \$26.5 million to DHCS. DHCS will use the money to match federal funds and use the money to pay CAAs for successful application completion in the Medi-Cal program. Ms. Mollow noted that DHCS and Covered CA are using the same criteria for the Certified Enrollment Counselor program. DHCS will be leveraging the Covered CA's reimbursement for CAAs infrastructure. Ms. Mollow noted that Covered CA will pay CAAs for assistance with renewal applications. However, DHCS will only pay CAAs for assistance with initial applications.

Ms. Mollow stated DHCS is working on rewarding outreach and enrollment grants to agencies. DHCS was awarded \$12.5 million, totaling \$25 million. DHCS selected counties as the first targeted group to receive the grants. Ms. Mollow noted DHCS is reviewing the forty (40) applications received in the first round of application inquiries. DHCS received one application from the County Medical Services Program (CMSP), which comprises thirty-five (35) small counties. Two of the thirty-five (35) counties, Sonoma and Marin, submitted a joint application separately from the other counties. DHCS will release the reward amount at the end of December. Ms. Mollow also noted that DHCS will consider rewarding grants to CBOs depending on fund availability.

Mr. Campana stated he had to leave early and asked Mr. Sanchez to chair the remainder of the meeting. Dr. Beck and Ms. Orozco-Valdivia also left.

#### ***Health-e-App Public Access Update***

Ms. Poole-Sims stated this information was already shared.

#### ***Outreach and Social Media Update***

Ms. Poole-Sims stated DHCS is working with Covered CA to inform subscribers who were previously HFP parents that they may be eligible for coverage through Covered CA. A notice will be included on the billing statements of children who already transitioned to the Medi-Cal program starting December 2013. DHCS will also provide outreach to parents who have no premium payments.

#### ***Other Updates***

No update was provided for this item.

#### **Legislative Update**

Mr. Sanchez stated ABX 11 created a slight change to the AIM program disenrollment process. AIM mothers will not be disenrolled on the 60<sup>th</sup> day after the birth outcome occurs. They will be disenrolled at the end of the month after the 60<sup>th</sup> day. AB 101 provided the option of funding the CCHIP county program with state funds. AB 1180 will end the Major Risk Medical Insurance Program (MRMIP) Guaranteed Issue Pilot Program (GIP) as of January 1, 2014. SB 28 gave MRMIB the authority to share information about MRMIP subscribers and applicants with Covered CA. SB 800 guarantees MRMIB Pre-existing Condition Insurance Plan (PCIP) staff members will transition to Covered CA. The bill also transfers MRMIB employees assigned to other programs to DHCS if MRMIB is to sunset.

Mr. Schumann asked if the Medi-Cal program provides coverage for pregnant women with income at 100% of the federal poverty level (FPL) since women with income less than 100% of the FPL are eligible for full-scope Medi-Cal benefits under AB 50. Ms. Mollow responded pregnant women with income below 60% of the FPL receive full-scope Medi-Cal services. Pregnant women with income from 60% up to 200% receive pregnancy-related services.

## **HFP Informational Reports**

### ***Enrollment Report***

Mr. Sanchez referred the panel members to the documents in the packet.

### ***Administrative Vendor Performance Report***

Mr. Sanchez referred the panel members to the documents in the packet.

### **Closing**

Mr. Sanchez thanked everyone and adjourned the meeting.